

## PEER-REVIEWED REFERENCED COMMENTARY

*Intended Audience: Researchers, Clinicians, Practitioners, General*

# Spontaneous, Facilitated, Assisted, and Requested After-Death Communication Experiences and their Impact on Grief

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**Abstract:** Experiences of after-death communication are normal, common, and usually healthy. They often go unreported by experiencers for fear of being judged, ridiculed, and/or thought to be mentally ill especially by doctors, therapists, and clergy. Four main categories of after-death communication experiences (ADCs) exist: spontaneous, facilitated, assisted, and requested. Spontaneous ADCs occur unexpectedly and uninvited. Facilitated ADCs occur during a specific established protocol and with the direction of a trained facilitator. Assisted ADCs involve receiving messages from the deceased through a psychic medium who directly experiences the communication and shares the messages received with the living. The term requested ADCs is proposed here to refer to experiences that occur as the result of the experiencer engaging in specific practices (other than facilitated or assisted experiences), employing technological or other physical apparatuses, using psychoactive substances, inviting the deceased to communicate, or simply intending that the experience occur. Most published research has examined the positive effects of spontaneous or facilitated ADCs on grief. Research examining the effects on grief of assisted ADCs is limited but trends toward a positive response. Reports on the effects of requested ADCs on grief are for the most part lacking and several research directions are open for further exploration. Counselors, healthcare providers, caregivers, and others who regularly interact with the grieving may benefit from better understanding these experiences but little to no formal training exists and they must independently seek out relevant materials. Ideally, this article will serve as one of those sources.

**Keywords:** anomalous experience, after-death communication, grief, psychic mediums, psychomanteum, IADC

It is not uncommon for the bereaved to experience some form of contact with the deceased. It has been estimated that roughly one-third of adults in the US have had after-death contact (e.g., LaGrand, 2005) and these experiences most often occur within the first year of bereavement (Streit-Horn, 2011). Moreover, published research most likely has underestimated the prevalence of these experiences (e.g., Keen, Murray, & Payne, 2013; Steffen & Coyle, 2010). The rates of reported experiences are mostly consistent across genders, ages, ethnicities, education levels, incomes, and religious or non-religious affiliations (Streit-Horn, 2011). They are common and normal among many different types of people.

Normalizing these experiences is important in order to prevent additional and unnecessary suffering for the bereaved. This may be especially important in Western cultures in which continued relationships with the deceased may challenge established secular, religious, and/or scientific worldviews (Steffen & Coyle, 2010). In addition, conflicts with established clinical models may exist and are most likely due to the now-challenged view that contact with the deceased is problematic or unhealthy for the bereaved. Based primarily on the writings of Austrian neurologist Sigmund Freud (1917/1957), the traditional psychoanalytic theoretical view posits that, in order to resolve grief, the bereaved must sever their bonds with the deceased. Behaviors like experiencing communication that imply a continuing relationship with the deceased are viewed through this Freud-based lens as counterproductive for healing grief and even pathological.

The modern *continuing bonds* theory, in contrast, was based on observations that Freud's theories did not seem to accurately reflect modern bereavement and that maintaining a relationship with the deceased is, in fact, normal and healthy (Klass, Silverman, & Nickman, 1996; Klass & Steffen, 2018). The continuing bonds model involves the bereaved recognizing that their relationships with the deceased continue, albeit in a different form. It is changing from "loving in presence to loving in absence" (Attig, 2004, p. 359). This new type of relationship aids the bereaved in coping with the physical loss. Indeed, contemporary research has repeatedly demonstrated that experiences of communication with the deceased are not a symptom of any mental disorder. "Overwhelmingly, data indicate that [these

experiences] occur among normal, healthy people” (Streit-Horn, 2011, p. 61). In order for mental health professionals and other supportive individuals to appropriately support the bereaved, they may wish to stress that communication with the deceased is normal and may take a variety of forms.

**Terminology.** One purpose I hope this article serves is to establish a nomenclature that can be used going forward: Events that involve contact with or messages from the deceased are termed after-death communication experiences (ADCs). The plural abbreviation *ADCs* includes the term *experiences*. In English, the plural word *communications* refers to a technological system for transmitting information (e.g., telephone, TV, fiber optics) and should not be used to describe after-death experiences. It should also be noted that full consensus has not been reached by the research and/or clinical communities regarding some nuances related to bereavement-related experiences, the terminology used to describe them, or even how they should be studied. The following is not a fully comprehensive review of all of these varying positions but is instead a general overview of the main topics. Furthermore, a selection of ADCs is described here; there may be others important to specific individuals. Finally, the experiences described here relate to Western experiencers, primarily Americans, and the experiences of the bereaved in other cultures as well as the social acceptance of (or preferred silence regarding) these experiences may vary. For example, Leichtentritt, Mahat Shamir, Barak, and Yerushalmi (2016) examined the experiences of 30 bereaved parents and siblings in Israel where it is common for the bereaved to feel uncomfortable about openly admitting to and discussing their ADCs. These may include “thoughtful” processes in which emotional or physical pain is “created and embraced” and “serves as a connecting strategy” between the bereaved and the deceased (p. 744). Other non-Western studies examining the specific experience of sensing the presence of the deceased have been reviewed by Keen, Murray, and Payne (2013).

There are four main categories of ADCs: spontaneous, facilitated, assisted, and requested. The processes, content, and effects on grief for each are discussed in turn below.

## Spontaneous After-death Communication

Spontaneous, unexpected, or uninvited experiences of contact or communication with the deceased is likely the most common type of ADC. These ADCs have received much attention from researchers and have been previously called extraordinary experiences, ideonecrophic experiences, reunion experiences, post-death encounters, grief apparitions, afterlife encounters, and post-death contact. Here, I will use the term spontaneous after-death communication experiences (sADCs) throughout.

sADCs are “universal in nature; that is, they occur in all socioeconomic and religious groups, types of death, and at various times after the death” (Houck, 2005, p. 124). Although they can vary in intensity and impact, sADCs seem to be common and normal and a natural part of the grieving process (Barbato, Blunden, Reid, Irwin, & Rodriguez, 1999; Drewry, 2003; Klugman, 2006; LaGrand, 2005).

### Content of sADCs

The category of sADCs covers a wide variety of experiences (e.g., Barbato, Blunden, Reid, Irwin, & Rodriguez, 1999; Cooper, Roe, & Mitchell, 2015; Conant, 1996; Daggett, 2005; Drewry, 2003; Haraldsson, 1988; Houck, 2005; Irwin, 2015; Jahn & Spencer-Thomas, 2014; Klugman, 2006; LaGrand, 2005; Normand, Silverman, & Nickman, 1996; Nowatzki & Grant Kalischuk, 2009; Sanger, 2009; Sormanti & August, 1997; Streit-Horn, 2011). sADCs include (but are not limited to) the following phenomena:

- sensing the presence of the deceased (reviewed, e.g., in Keen, Murray, & Payne, 2013);
- visual, olfactory, tactile, and auditory (voices or sounds) phenomena;
- conversations;
- powerful dreams;
- hearing meaningfully timed songs on the radio or music associated with the deceased;
- messages from objects;

- lost-things-found;
- communication through electric devices (e.g., flickering lights);
- communication through telephones;
- natural phenomena including unusual animal or insect behavior;
- symbolic messages;
- coincidences or synchronicities; and
- other unusual incidents or unexplainable phenomena.

### **Effects of sADCs on Grief**

sADCs fit well within a continuing bonds framework and, as such, create new, meaningful relationships between the bereaved and the deceased (e.g., Klugman, 2006; Sanger, 2009; Steffen & Coyle, 2011; Walliss, 2001). The effects of spontaneous ADCs on bereavement have been specifically examined (e.g., Drewry, 2003; Nowatzki & Grant Kalischuk, 2009; Parker, 2005; reviewed in Krippner, 2006 and Streit-Horn, 2011). This body of research has demonstrated that sADCs are usually beneficial and comforting and can provide reassurance, encouragement, and consolation. In addition, sADCs can facilitate the process of grieving and establish a sense of psychological well-being. LaGrand (2005) noted that sADCs “spawn personal and/or spiritual growth, reduce existential fear, and generate new perspectives and purpose in life through the questions they suggest and the obvious answers provided” (p. 9). Dannenbaum and Kinnier (2009) found that experiences of communication with the deceased can result in therapeutically beneficial effects including “feeling cared about and loved, experiencing resolution of grief and relationship conflicts with the deceased, and experiencing increased confidence in problem solving and decision making” (p. 109). Streit-Horn’s (2011) review of the literature found that most people

experienced their ADCs as positive, healing, life-changing, comforting, consoling, transformative, life-saving, joyful, uplifting and/or pleasant. Of those who had a negative experience—frightening or confusing—most of them seemed to suffer as a result of lack of understanding—their own and/or others’—rather than from the contents of the ADC itself. (p. 60)

Similarly, Steffen and Coyle (2011) noted when a negative experience does occur, “practitioners may need to sensitively explore the meanings such an event may have for the bereaved” (p. 605).

It has also been stressed by several authors that the key issue concerning the experiences of the bereaved is not whether or not they reflect actual communication with the deceased, but instead how the experience can be used to aid in healing (e.g., Drewry, 2003; Klugman, 2006; LaGrand, 2005; Parker, 2005; Roxburgh & Evenden, 2016b; Sanger, 2009).

**Effects of sADCs on specific bereaved populations.** Some research has examined the effects of sADCs on specific types of bereavement. Conant (1996) found that widow experiencers were “often left with emotional peace, a conviction of ongoing spiritual life for the deceased and of resolution of [their] internal conflict over the death” (p. 188). Sormanti and August (1997) found that bereaved parents who “experienced continued connection to their dead child derived psychological benefits from the connection” (p. 468). Jahn and Spencer-Thomas (2014) found that 63.0% of more than 1,300 people bereaved by suicide had sADCs and that 74.5% of these experiences were interpreted as helpful.

sADCs are common and healthy; they aid the bereaved in recognizing their continuing bonds with the deceased. Individuals who desire but have not experienced sADCs may turn to facilitated, assisted, or requested ADCs.

### **Facilitated After-death Communication**

Experiences of contact with the deceased that occur during a prescribed protocol and with the direction of a trained facilitator are termed facilitated after-death communication experiences (fADCs). There are two main examples of fADCs each described in more detailed below: psychomanteum- and EMDR-induced experiences.

Trained facilitators are an important component of fADC procedures. Participating in these facilitated experiences without a competent facilitator may be problematic for two reasons: (1) the reaction of the experiencer to this unique practice may be unexpected and require intervention and assistance from someone trained and capable and (2) the well-established

procedures are complex and unqualified facilitators may limit the effectiveness of the process. Thus, an unqualified facilitator may make the experience, at worst, an emotionally traumatic event and, at best, a waste of time.

### **Psychomanteum-induced fADCs**

The first well-documented method for the facilitated induction of after-death experiences was developed by Raymond Moody (1992) which he called a psychomanteum. The concept of the psychomanteum is based on ancient oracle rituals and involves a mirror gazing procedure in a reduced sensory environment. The psychomanteum has been studied for over a decade at the Institute of Transpersonal Psychology (ITP; now Sofia University) in Palo Alto, California (e.g., Hastings et al., 2002).

**Psychomanteum process.** Participation in the psychomanteum process involves spending time in a quiet, dimly lit room or booth darkened with black curtains or paint. At one end is a tilted mirror. The participant softly gazes at the darkness reflected in the mirror “with the intention of contacting a deceased individual” (Hastings et al., 2002, p. 212). This scenario creates a non-ordinary environment which allows the unconscious mind to flourish.

The process used at ITP involved both data collection and therapeutic intervention. Each participant was interviewed by phone, mailed consenting materials, and matched with a facilitator. The on-site steps involved a three-part process: pre-session interviews, sessions, and post-session interviews. The pre-session interviews included remembering the deceased, emotional sharing, exploring/reducing expectations regarding having a contact experience, and intention-setting for the sessions. During the mirror-gazing session, each participant sat in the psychomanteum booth for about 45 minutes during which the facilitator held a meditative space and was available to assist if necessary. The post-session interviews involved sharing, reflection, and integration. The participant could also create artwork at this time in order to document aspects of the experience that transcended language.

The role of the facilitator in these psychomanteum-induced experiences is essential. The facilitator guides the participant through the process “with comfort and ease... establishing a rapport with the participant [and] creating a safe atmosphere for the participant to share personal thoughts and feelings” (Merz, 2010, p. 37). In order to promote a positive experience, individuals wishing to use a psychomanteum to connect with the deceased may benefit from choosing a trained facilitator.

**Psychomanteum-induced content.** Participants experiencing psychomanteum sessions report a variety of experiences similar to the content of sADCs. These include a sense of presence; physical sensations; external phenomena in the room; imagery that appears in the mirror; dialogue; and auditory, visual, and olfactory phenomena (Hastings et al., 2002).

**Effects of psychomanteum-induced fADCs on grief.** In the initial ITP study of 27 participants, people reporting contact as part of their psychomanteum experience showed significant self-reported changes in feelings of grief and loss as well as in needing to improve the relationship and needing to communicate. Even those participants who did not experience contact reported significant improvements in feelings of grief and sadness and the need to communicate. As a whole, participants also reported significant alterations in unresolved feelings, missing the person, and feelings of grief, loss, sadness, guilt, and fear (Hastings et al., 2002).

A subsequent, larger study with 100 participants (Hastings, 2012) showed similar positive changes in bereavement characteristics including unresolved feelings or issues and the need to improve the relationship. Participants reported reductions in sadness, grief, longing, incomplete communication, regret and remorse, and increases in understanding, appreciation, gratitude, love, and forgiveness. These changes were seemingly independent of whether or not contact with the deceased was experienced. In addition, the time since the death did not appear to be a factor in these changes. Hastings noted, “Taking 45 minutes to tie up loose feelings, to receive reassurance, to express love and feel forgiveness, or seek explanations: these facilitated a shift” (2012, p. 20).

A further qualitative examination of post-session interviews with 12 of these participants (Merz, 2010) showed meaningful transpersonal shifts as well as shifts in emotion, cognition, and perception, again independent of whether or not contact with the deceased was experienced. The psychomanteum process was commonly described as helpful, healing, comforting, and peaceful and evoking well-being, serenity, and acceptance. Merz concluded, “For bereaved individuals seeking contact with the deceased, the psychomanteum process may provide meaningful experiences that are healing and ease suffering associated with grief, as well as facilitate transformations in the continuing relationship with the deceased” (p. 5).

### **EMDR-induced fADCs**

Eye-movement desensitization and reprocessing (EMDR) is a standard psychotherapeutic technique which uses visual, auditory, or kinesthetic bilateral stimulation that rhythmically stimulates both sides of the body to induce a state of consciousness that allows for psychological reprocessing. While using EMDR in the clinical treatment of patients with post-traumatic stress disorder, Allan L. Botkin (2000) observed that patients were reporting sADCs and found that a particular sequence of psychotherapeutic events could be used to induce the experience. Botkin termed this the “induced after-death communication” or “IADC®” method. In 83 initial patients for whom Botkin attempted the ADC induction, 81 (98%) achieved an ADC, which he defined as “any perceived sensory contact with the deceased” (p. 198). In 2000, Botkin reported that he and his co-therapist had by then used the IADC® method over 400 times.

**EMDR-induced content.** As with psychomanteum-induced experiences, EMDR-induced experiences involve content similar to that of sADCs. “The experiential quality and content of the various sensory components of spontaneous and induced ADCs are essentially identical” (Botkin, 2000, p. 183). The greater level of control in the EMDR sessions, however, allows for more multisensory and elaborated experiences which may have qualities similar to near-death experiences (NDEs). “In the simplest, but not necessarily least profound of these induced ADC

experiences, the individual ‘sees’ the deceased as happy and at peace, and still very much alive, although in a different place” (Botkin, 2000, p. 187). Specific communication also occurs and observing the NDEs of the deceased is not uncommon.

**Effects of EMDR-induced fADCs on grief.** After experiencing contact through the IADC® method, patients’ pain regarding their disconnection from the deceased “vanishes and is replaced by a loving reconnection... people who experience an ADC no longer believe their friend or loved one is really gone. Griefwork from this perspective, therefore, is not a matter of saying good-bye, but hello” (Botkin, 2000, pp. 187-188). In the subset of initial patients who experienced IADC®-induced contact, 96% reported “full resolution of grief following the ADC” (p. 198). This included the elimination of intrusive images, stronger connections to the deceased, and the resolution of feelings of sadness, guilt, and/or anger. This positive impact on grief occurred even for patients “who do not believe in the spiritual authenticity of their experience” (p.198).

More recent participant research demonstrates statistically significant effects. As a result of being treated with IADC® therapy, 79% of 71 participants reported an ADC and all participants reported improvements in their grief symptoms, including better coping and decreased feelings of anger, guilt, and sadness (all  $p < .001$ ). In addition, in a six-month follow-up assessment received from 23% of participants, these improvements in grief symptoms were maintained (Hannah, Botkin, Marrone, & Streit-Horn, 2013).

Botkin currently trains therapists all over the world in the IADC® method and “consistent, robust clinical observations by a growing number of IADC®-trained therapists across a broad variety of clients” continue to be reported (<http://induced-adc.com/>). A survey of 15 of these therapists indicated that they were able to achieve successful results and that for clients who experienced an ADC, their overall psychotherapeutic outcomes were deemed better than those seen with other traditional approaches used by the therapist (Botkin & Hannah, 2013).

Having taken into account the collective clinical use of the IADC® method and the survey of IADC®-trained therapists, researchers noted that about 75% of clients in IADC® therapy can be expected to actually

experience an ADC (Hannah, Botkin, Marrone, & Streit-Horn, 2013). In addition, because less than 1% of IADC clients experienced a negative side effect, it appears to be a safe method of treatment (Botkin & Hannah, 2013). It should be noted that these findings are based on research with licensed psychotherapists averaging over 20 years of clinical experience and cannot be extrapolated to unlicensed practitioners or those not specifically trained in the IADC® method.

This extensive body of research demonstrating the positive effects on the bereaved of ADCs that are spontaneous and facilitated implies a potential for similar effects resulting from ADCs that are assisted and requested.

### **Assisted After-death Communication**

Although contact with the deceased is an ancient phenomenon and it is possible for anyone to experience communication from the deceased, a *medium* is someone who has this experience regularly, reliably, and often on-demand (Beischel, 2018). Conversely, a psychic regularly experiences information about or from living people, distant locations or events, and/or times in the future or in the past that they did not originally experience. It is often stated that all mediums are psychics but not all psychics are mediums. To differentiate the communication-with-the-deceased use from other definitions for the English word medium, these individuals are sometimes called psychic mediums or spirit mediums.

Modern researchers have examined the ability of mediums to report accurate and specific information about the deceased under controlled laboratory conditions (e.g., Beischel, Boccuzzi, Biuso, & Rock, 2015) as well as the unique psychological characteristics of mediums (e.g., Roxburgh & Roe, 2011; Taylor & Murray, 2012) and their specific experiences of communication with the deceased (e.g., Beischel, Mosher, & Boccuzzi, 2017; Emmons & Emmons, 2003; Rock & Beischel, 2008).

During a mediumship reading, the medium shares the messages received from the deceased with *sitters*, the living friends or relatives who wish to receive these messages. The sitters receiving the messages from their

deceased loved ones conveyed by the medium are having what are termed assisted after-death communication experiences (aADCs; Loetschert, 2014).

Previous quantitative research has shown that volitional control, self-awareness, and memory were all significantly lower during readings compared to a control condition for the secular American mediums examined (Rock & Beischel, 2008). These results imply that mediumistic experiences appear to involve receiving rather than retrieving information. Similarly, after examining British Spiritualist church services, Walter (2008) reported that the mediums observed emphasized that “they cannot call up a particular spirit to order” but that a receptive medium “may well be contacted by the relevant spirit” (p. 48). Therefore, in order to create accurate expectations prior to readings, sitters should remember that mediums are not able to control exactly who communicates or what information is reported during readings and mediums may want to convey this specifically to sitters prior to readings.

### **Content of aADCs**

LaGrand (2005) found that sADCs may give advice, be inspirational or supportive, or let the bereaved know the deceased are still involved in their lives. The information reported by mediums during aADCs appears to be similar. Mediums most often report three types of information during readings: information identifying of the deceased, information about events in the sitter’s life that have occurred since the death, and specific messages for the sitters (reviewed in Beischel, Mosher, Boccuzzi, 2014-2015).

Identifying information can include “physical appearance (e.g., hair and eye color, height, build, unique scars or birthmarks, and typical clothing preferences), personality characteristics, other deceased people or animals with him/her, and favorite activities, foods, events, places, etc.” (Beischel, Mosher, Boccuzzi, 2014-2015, p. 179) as well as relationship, “age, name, cause of death, home, or occupation” (Loetscher, 2014, p. 84). This information helps the sitter verify that the information reported by the medium is coming from his/her loved one.

Information about events in the sitter’s life since the death provide evidence that the deceased continue to observe and participate in their lives.

A medium may say things like, “He likes your new sofa,” “She saw the photo album you put together,” or “He was there walking you down the aisle.”

The third type of information mediums report involves messages specifically for the sitters.

This can include simple messages like “I love you” to messages seemingly intended to alleviate guilt or sorrow such as “There was nothing you could have done to prevent my death” or “I didn’t feel any pain.” Messages can also offer advice (e.g., “It’s time to sell your house”), reprimand (e.g., “Why hasn’t my headstone been installed yet?”), or encourage (e.g., “It’s time to start dating again”). (Beischel, Mosher, & Boccuzzi, 2014-2015, p. 179)

Messages may also fall within themes such as, “I’m ok,” “I’m still with you,” “I’m not suffering or in pain,” “I’m helping; please forgive me,” or “I forgive you, and don’t have regrets” (Loetscher, 2014, p. 84).

The information reported by mediums during aADCs allows sitters to recognize that their relationships still exist and assures them of their continuing bonds.

### **Effects of aADCs on Grief**

Limited research exists regarding mediumship readings and bereavement and so the effects are not clearly understood. The trends from the following two exploratory studies warrant further research into the effects of aADCs.

**Interview study.** A descriptive phenomenological research study (Loetscher, 2014) used semi-structured interviews to explore the meanings bereaved adults attributed to aADCs. Seven bereaved individuals who had recently received a mediumship reading from a Windbridge Certified Research Medium (Beischel, 2007) or one certified by Forever Family Foundation participated in the interviews. Only females volunteered so all seven participants were female (age range: 20 to 63 years, majority >56; predominantly Caucasian). Five different mediums provided the readings and the majority of the participants received in-person readings.

Each of the participants in this study “felt satisfied with the reading and believed it to be positive and beneficial” (p. 84). Participants reported feelings of closure, healing, comfort, and relief. All participants used the terms *healing* and *comforting*. The results also indicated that “bereaved individuals feel that by communicating with the deceased through a medium a connection is made” that supports a continuing bond (p. 95). Beliefs regarding survival of consciousness (i.e., an afterlife) as well as a decrease in fear of death were reported. Most participants would recommend a reading to other bereaved individuals. However, the researcher who performed this study does not promote aADCs “as an alternative to grief therapy. [Each] bereaved individual is challenged with deciding if this type of service is in congruence” with their worldview and belief structure (p. 94).

**Survey study.** An anonymous, on-line survey study collected data from 83 participants (90% female, mean age: 52 years) to examine their recollections of grief as related to receiving a mediumship reading (Beischel, Mosher, & Boccuzzi, 2014-2015). Using a scale of 0 = “I felt no grief” to 4 = “I felt a very high, almost unbearable level of grief,” participants reported recollecting a mean level of grief of  $3.13 \pm 0.10$  before a reading and  $1.96 \pm 0.11$  after a reading ( $\pm$  SEM). The conclusions from this survey study were that the data “demonstrated the need for future studies using randomization schemes, control groups, a standard grief instrument, and appropriate statistical tests to analyze the therapeutic effects of a personal mediumship reading” (p. 189).

**Advantages and disadvantages of aADCs.** Potential advantages of mediumship readings for the bereaved include appeal for individuals experiencing fear regarding ADCs that are spontaneous, facilitated, or requested or who long for contact but have not experienced it. In addition, while mental health providers may focus on the feelings of the bereaved, mediums focus specifically on the deceased. This is a unique situation for many bereaved individuals. Additionally, “a medium may also serve as a like-minded participant without disparaging, disbelieving, or ridiculing the experiences or worldviews of the bereaved—a risk that exists when

speaking about or sharing ADC experiences with others” (Beischel, Mosher, & Boccuzzi, 2014-2015, p. 183).

Mediumship readings may also involve potential disadvantages for the bereaved. With fADCs, a trained facilitator participates in the process or is actually present during the experience; this is not necessarily true for a mediumship reading. The altered state of consciousness of the medium (Rock & Beischel, 2008) may make it difficult for the medium to focus on or enable the sitter’s experience if needed. Instead, the primary purpose of mediumship is to convey what is experienced to the sitter. For this reason and Lindström’s (1995) finding that more extreme ADC experiences were related to poor adaptation and coping, follow-up visits with a qualified facilitator (Christopherson & Beischel, 2018) may be necessary for some sitters.

### **Requested After-death Communication**

I am proposing that the term requested after-death communication experiences (rADCs) be used for experiences of communication with the deceased that do not fall within the categories of sADCs, fADCs, or aADCs or that occur as the result of the experiencer inviting the deceased to communicate, engaging in specific practices designed to encourage contact, employing technological or other physical apparatuses, or simply intending that the experience occur. Although calling this category *invited* ADCs may be more appropriate, the term IADC is already in use. rADCs are the least researched and least understood of the four types of ADCs.

The earliest forms of spirit communication ranged from the use of hallucinogens to achieve a communication-conducive altered state of consciousness to simple tools such as the planchette which moved a writing instrument across paper when touched by the fingertips of operators. (Boccuzzi & Beischel, 2011, pp. 215-216)

Today, rADCs may include instrumental transcommunication and the use of psychoactive substances.

## ITC

Instrumental transcommunication (ITC) has been defined as “communication beyond (trans) our known reality through instruments or technical devices” (Cardoso, 2003, p. 1). ITC involves using technology (e.g., phones, computing devices, visual or audio recorders, etc.) to capture voices, images, text, or other aspects of deceased people or other ethereal entities (e.g., Barušs, 2001; Laszlo, 2008). A subset of ITC is electronic voice phenomena (EVP) in which voices seem to appear on recordings when no voices occurred during the recording process. ITC operators have reported receiving messages most often from deceased people or other etheric entities (e.g., angels, spirit guides) but also, more rarely, from other dimensions, planets, or times (e.g., Leary & Butler, 2015).

In a broader sense, the ‘instrument’ portion of ITC may also include means not widely considered technology. For example, talking, alphabet, or spirit (e.g., Ouija™) boards are instruments that are used for transcommunication. Other divining or spirit communication tools such as Tarot cards, Rune stones, Scrying, the I Ching, etc., could also be considered methods of rADC. “These types of tools provide a symbolic language that the practitioner can use to form a connection or acquire information that might not be accessible through ‘normal’ means” (Bocuzzi & Beischel, 2011, p. 234).

**Advantages and disadvantages of ITC.** Potential advantages of ITC for the bereaved include appeal for individuals who are more comfortable interacting with technology than with fADC facilitators or with mediums. ITC also provides an alternative for those desiring sADCs but who have not had that experience.

One disadvantage of ITC is that there is no one present to facilitate the experience of the bereaved if needed. Similar to aADCs, follow-up visits with a qualified facilitator (Christopherson & Beischel, 2018) may be necessary for some.

**Clinical use of rADCs.** Although there are no established empirical findings (to the best of my knowledge) regarding the veridicality of the information experienced during rADCs, it seems prudent to view them in the same light as sADCs; that is, remembering that the key issue is not whether

or not these experiences reflect actual communication with the deceased but rather how the experience can be used for healing. In this context, it would be possible for this process to be used in a therapeutic setting.

In addition, some rADC practices may involve a ritual component through the use of consistent, repeated steps. Rituals may “make a distinctive contribution to people’s understanding of the world, including, in grief, their understanding of the changed and changing relationship with the person who has died” (Scrutton, 2017, pp. 224-5). Also, the “specific behaviors that constitute... rituals are less important than performing some form of ritualistic behavior” (Norton & Gino, 2014, p. 271).

However, the danger does exist of individuals over-using rADC practices. Excessively frequent attempts at connecting with a deceased loved one can lead to a more prolonged grief course (e.g., Bonanno, 2009). Therefore, it should be emphasized that users employ rADC methods with moderation.

### **Psychoactive Substance-induced rADCs**

The categorization of the use of specific substances within the four types of ADCs framework is complicated. The experience of contact with the dead may occur unexpectedly as almost a side effect of the substance; this could be considered an sADC. If used as part of a ritual or ceremony, a trained practitioner may guide the user; this could be considered an fADC. However, with the practices in the fADC category (psychomanteum and EMDR/IADC®), the primary purpose is as a therapeutic intervention which attempts to invoke an ADC in the bereaved. This is often not the primary purpose of these substances. Here, psychoactive substances are included in the rADC category.

The use of substances to induce a state of consciousness conducive for communication with the deceased or other ethereal entities is an ancient practice in various cultures. In South America and the Caribbean, the *P. peregrina* plant is used specifically to contact spirits (Luke, 2012). The powerful hallucinogenic plant *T. iboga* is used sacramentally by initiates and members of the Bwiti religious movement in west central Africa to facilitate spiritual contact with the dead (e.g., Alper, & Lotsof, 2007; Samorini, 1993).

Experiences of communication with the deceased may also result from the use of recreational drugs. Limited reports exist of communication with the dead associated with lysergic acid diethylamide (LSD) (Grof, 1990). Dextromethorphan, a cough suppressant and hallucinogen at high doses, has been used to facilitate various experiences including communication with the dead (Gelfer, 2007). Entity encounters and a sense of presence have been associated with the hallucinogen N,N-dimethyltryptamine (DMT) and dissociatives such as ketamine (Luke, 2012; Luke & Kittenis, 2005; Meyer, 1992).

Ketamine is an FDA-approved addictive anesthetic and antidepressant and is also used recreationally. Gowda, Srinivasa, Kumbar, Ramalingaiah, Muthyalappa, and Durgoji (2016) reported a case study in which a 28-year-old whose wife had recently died in childbirth presented as hopeless with self-harm ideation. He was given an off-label low dose IV infusion of ketamine (0.5 mg/kg/hr) for 40 minutes. The man later reported that during sedation he had communicated with his wife; “she said she no longer belonged to me. Instead she belonged to heaven... I felt relieved that finally I could meet my wife for one last time” (p. 63). After the ketamine, the man was communicative and cheerful.

There is very limited modern research on the use of psychoactive substances to intentionally induce ADCs. Ayahuasca, for example, may be useful in this regard and addressing grief through the reinforcement of the continuing bond.

**Ayahuasca-induced rADCs.** Ayahuasca is a botanical psychoactive mixture used primarily by indigenous groups in the Amazon though its use has spread in the last few decades to countries all over the world (Harris & Gurel, 2012; Labate & Jungaberle, 2011). It is produced by boiling the stems of the *B. caapi* vine (*liana*) with the leaves of the *P. viridis* shrub. The *B. caapi* liana contains monoamine oxidase-inhibitors (MAOIs) which have antidepressant properties and the *P. viridis* shrub contains DMT, a hallucinogenic with antidepressant and anxiolytic activity. The DMT in the *P. viridis* shrub only has efficacy when ingested because the MAOIs in the *B. caapi* liana act synergistically to prevent its breakdown in the gut and liver (e.g., Hamill, Hallak, Dursun, & Baker, 2019).

Ayahuasca has been used by indigenous groups in the Amazon for thousands of years for purposes including healing, rituals, warfare, and divination (e.g., Horák & Verter, 2019; Luna, 2011). However, its main purpose is to connect with the spirit world or “enter into contact with the ancestors” (Luna, 2011, p. 9). The word ayahuasca in Quechua can roughly be translated as “vine of the dead” (e.g., McKenna, 2004). The motivations of modern users of ayahuasca include curiosity, spiritual development, and mental health issues (e.g., Hamill, Hallak Dursun, & Baker, 2019; Horák & Verter, 2019). Published research on the therapeutic potential of ayahuasca on psychological symptoms and physical diseases as well as the related political and legal factors; safety and adverse effects; and pharmacology is extensive (reviewed in Garcia-Romeu, Kersgaard, Addy, 2016; Hamill, Hallak Dursun, & Baker, 2019) and beyond the scope of this paper.

***Ayahuasca-induced rADCs: Process.*** In general, roughly 45 minutes after ingesting ayahuasca, people with closed eyes experience visual, dream-like imagery. Because the knowledge that these images are induced by the compound remains intact, these are not considered hallucinations. The ayahuasca-induced altered state may last four to six hours (González, Carvalho, Cantillo, Aixelá, & Farré, 2017).

***Ayahuasca-induced rADCs: Content.*** During ayahuasca use, meaningful memories, thoughts, emotions, and themes arise spontaneously as part of the induced introspective state (González, Carvalho, Cantillo, Aixelá, & Farré, 2017). Experiences of communication with spirits of the dead are also relatively widespread with ayahuasca (e.g., Luke & Kittenis, 2005). This involves direct contact with the presence, essence, soul, or energy of the deceased and some form of communication with them (González, Carvalho, Cantillo, Aixelá, & Farré, 2017).

***Effects of Ayahuasca-induced rADCs on grief.*** González, Carvalho, Cantillo, Aixelá, and Farré (2017) retrospectively surveyed 30 international participants regarding their ayahuasca use. For 60% of those users, communication with the deceased was the primary intention behind the use; for 20%, communication arose spontaneously. All participants reported that the experience had a positive effect on their grief with 83.3% considering it very positive. Compared to a group of 30 individuals who had

participated in peer grief support groups, the ayahuasca group reported significantly lower current levels of grief ( $p = .001$ ). Qualitative content analysis of descriptions of the ayahuasca experiences demonstrated positive feelings, personal growth, forgiveness and family healing, reorganizing identity and sense of self, changes in the internal representation of the deceased, maintenance of the connection, and changes in global beliefs. All participants indicated perceived benefits related to the loss and described the experience as an opportunity, a great help, or a blessing that changed their lives significantly. These experiences promoted new representations of the deceased and established new relationships with them (González, Carvalho, Cantillo, Aixalá, & Farré, 2017).

In the US, the drugs discussed above are not currently approved for the purpose of inducing ADCs. In an environment in which they could be prescribed and facilitators who were trained in this use could aid the bereaved in preparing for, experiencing, and integrating their substance-induced ADCs, these experiences could be considered fADCs.

### **Discussion and Directions for Future Research**

Because of factors including our genetic profile, epigenetics, preferences, personalities, and experiences, each human being is unique. Thus, it seems unreasonable to think that anyone would process their grief the same way, respond to the same treatments the same way, have identical ADCs, etc. None of the techniques, experiences, or methods listed here will work for everyone. Regarding facilitated psychomanteum sessions, Hastings (2012) noted that after-death encounters were reported by 63% of the participants. Hannah, Botkin, Marrone, and Streit-Horn (2013) found that about one-fourth of clients in IADC® therapy do not experience an ADC.

Like for any human experience, the ADCs that do occur will not be the same for everyone (e.g., Steffen & Coyle, 2017). For example, Hastings (2012) found that psychomanteum sessions “in many cases seemed tailored exactly to the uniqueness of each individual” (p. 17). Similarly, Merz (2010) found that participants had unique methods of making meaning from their psychomanteum experiences. In order for mental health professionals and

others to “provide appropriate support during bereavement processes, it is highly important... that they recognize the various means by which the bereaved maintain post-death relationships with the deceased” (Leichtentritt, Mahat Shamir, Barak, & Yerushalmi, 2016, p. 739).

We may be best served as researchers to examine the characteristics most conducive for the experience of ADCs. This may assist individuals in choosing the method right for them and having realistic expectations about the probability of an actual experience. For example, a factor like gender may be important. In Irwin’s (2015) analysis of wall postings on Facebook memorial pages, 75% of the 579 writers examined were female and only female participants volunteered for Loetscher’s (2014) study of aADCs during mediumship readings. Women may be more likely to experience and report ADCs.

Personality characteristics may also be at play. Arcangel (1997) found that 96% of people characterized as iNtuitive and Feeling (NF) on the Myers-Briggs Type Indicator (MBTI) experienced after-death communication during a psychomanteum session while no one characterized as Sensing and Thinking (ST) did. Similarly, Hastings (2012) found that persons with higher scores on the MBTI Perception function and on the Tellegen Absorption Scale are likely to have greater reductions in bereavement following a psychomanteum session. For aADCs, the characteristics of the medium may have an impact. Loetscher (2014) found that participants believed that “for a positive reading experience, it is beneficial... for the medium to be welcoming, positive, compassionate, and accurate” (p. 85).

Beliefs and experiences may also play a role. Hannah, Botkin, Marrone, and Streit-Horn (2013) found that for IADC® participants a stronger belief in an afterlife was associated with a greater likelihood of reporting an ADC but may make a successful clinical ADC induction more difficult. In addition, the quality of the relationship prior to the death may impact the continuing bond (e.g., Field, Gal-Oz, & Bonanno, 2003) and an individual’s ADC experience (e.g., Loetscher, 2014).

Research may also be able to determine which characteristics are not important for ADCs to occur. For example, Hastings (2012) found that the time that had passed since the death was not a factor in the bereavement

effects seen after psychomanteum sessions. Comments collected from the participants surveyed about their mediumship readings (Beischel, Mosher, & Boccuzzi, 2014-15) also implied an effect from a reading even decades after the death.

An aspect of after-death communication that is often overlooked or de-emphasized by researchers is the bilateral nature of communication: the living actively speak *to* or otherwise communicate with the deceased in addition to receiving messages *from* them. For example, memorials often contain messages for the deceased. A thematic analysis of the content from 1,270 individual public wall postings on Facebook memorial pages found a common theme of requesting that the deceased ‘watch over’ people or groups (Irwin, 2015). Individuals also “explained to the deceased what they missed or loved about him or her” (p. 138). Similarly, in an examination of virtual tombs, memorial webpages, and the celebration of death anniversaries on the Internet, Dilmaç (2018) found ample descriptions of direct communications to the deceased such as messages like ‘I miss you’ or ‘we missed you last night,’ celebrating the birthday of the deceased, and sharing videos or music with the online profile of the deceased. Future research might want to examine the content or other aspects of active after-death communication from the side of the bereaved.

Finally, researchers may wish to forego attempting to establish the source or authenticity of ITC output and “may instead choose to focus on the experiences, psychology, and motivation of the operators; the meaning and content of the communication; and how that communication impacts the lives of those who receive it” (Boccuzzi & Beischel, 2011, p. 234).

### **Further Suggestions for Clinicians and other Supporters and Carers**

Because counselors, social workers, psychologists, healthcare providers, caregivers, chaplains, grief workers, palliative and hospice care professionals, volunteers, and other supportive individuals including friends and family may regularly interact with the grieving, it may be beneficial for them to understand ADCs in order to alleviate suffering by

assuring experiencers that they are normal. In examined cases where the experiences are distressing for the experiencer, the cause seemed to usually be an inability on the part of the experiencer “to contextualize and integrate the experience” (Streit-Horn, 2011, p. 61). In reviewing 36 studies, Keen, Murray, and Payne (2013) found that “it is not the type of experience that makes it comforting or distressing but how the meaning of having this experience is interpreted by each participant” (p. 397). The simple knowledge that these experiences are common and a natural part of grieving could make the difference regarding whether they are helpful or upsetting.

Throughout the scientific and clinical literature discussing ADCs are references to experiencers’ reservations about reporting these events for fear of the response (e.g., Bennett & Bennett, 2000; Keen, Murray, & Payne, 2013; Nowatzki & Grant Kalischuk, 2009; Roxburgh & Evenden, 2016a; Steffen & Coyle, 2017; Streit-Horn, 2011). Experiencers may be hesitant to share their stories “for fear of being judged, ridiculed, and/or thought insane” (Streit-Horn, 2011, p. 62) particularly by doctors, therapists, and clergy (Steffen & Coyle, 2010). However, “masking and silencing” their experiences “may increase social, psychological, emotional, and even physical difficulties for the bereaved” (Leichtentritt, Mahat Shamir, Barak, & Yerushalmi, 2016, p. 747). This further emphasizes the need for supportive individuals knowledgeable about ADCs to serve as a resource for the bereaved. To that end, these individuals may wish to avoid using terms like ‘paranormal,’ ‘supernatural,’ ‘mysterious,’ ‘alleged,’ ‘imaginal,’ and the like which tend to sensationalize or disparage rather than normalize ADCs.

The literature is also filled with assertions about open minds being a necessary component of beneficial clinical or supportive interactions (e.g., Berger, 1995; Roxburgh & Evenden, 2016a). Nowatzki and Grant Kalischuk (2009) suggested that understanding after-death experiences “could allow human services professionals to build a supporting and understanding atmosphere for the bereaved... regardless of their own beliefs regarding the authenticity or source of the reported encounter” (p. 106). Sormanti and August (1997) also advocated a “need for carefully constructed definitions of spirituality not linked to any particular psychological, religious, or cultural

belief system” (p. 461). Similarly, Barbato, Blunden, Reid, Irwin, and Rodriguez (1999) noted that, “Even if we cannot understand the basis for” these experiences, “the weight of evidence suggests we cannot continue to ignore them” (p. 36).

Merz (2010) noted, “A culture of mental health practice is needed that validates and sanctions the experience of seeking or having a felt contact with the deceased as meaningful and valuable to the bereaved” (p. 29). Jahn and Spencer-Thomas (2014) concluded that it is important for individuals such as therapists, support group leaders, family members, and friends of the bereaved to “be open to discussions of spiritual experiences and provide an environment in which the bereaved feel comfortable” discussing them (p. 319). “The provision of accurate knowledge to the bereaved will offer them legitimization of their experiences and will likely reduce their tension and sense of isolation, as well as promote social acceptance and approval” (Leichtentritt, Mahat Shamir, Barak, & Yerushalmi, 2016, p. 747). Individuals who have ADCs want healthcare providers and other supporting individuals to be respectful and nonjudgmental (e.g., Sormanti & August, 1997).

As stated above, the key issue concerning ADCs is how the experiences can be used to aid in healing, not whether or not they reflect actual communication with the deceased (e.g., Drewry, 2003; Klugman, 2006; LaGrand, 2005; Parker, 2005; Roxburgh & Evenden, 2016b; Sanger, 2009). The experiences “have been defined as real and important” by those having them and thus “are real in their consequences” (Nowatzki & Grant Kalischuk, 2009, p. 93). Dannenbaum and Kinnier (2009) noted, “Some people do believe that communication between the living and dead is a reality, and we do not have evidence to the contrary” (p. 111).

Although experiences of contact with the deceased may greatly affect the experiencers and even be considered spiritually transformative, very little, if any, formal training for professionals exists on this topic (e.g., Christopherson & Beischel, 2018; Roxburgh, & Evenden, 2016c). Therefore, clinicians, other supportive individuals, and even experiencers themselves must independently seek out relevant information from credible sources. Ideally, this article and its referenced materials will serve as useful sources for clinicians, their clients, and other interested individuals.

The Windbridge Research Center offers free online materials related to “dying, death, and what comes next” organized by “path” (researchers, clinicians, practitioners, and the curious) and by type (e.g., fact sheets, articles, media, videos) ([www.windbridge.org](http://www.windbridge.org)). Spiritually transformative experiences (STEs) are described online by the American Center for the Integration of Spiritually Transformative Experiences (ACISTE) and their website (<https://aciste.org>) may provide useful information for experiencers as well as clinicians and supporters. In addition, the book *Surviving Death: A Journalist Investigates Evidence for an Afterlife* by Leslie Kean (2017) was written for a non-specialist audience and discusses the scientific evidence for life after death (termed survival of consciousness by researchers); it may be a useful resource for individuals wanting to know more about this evidence.

For clinicians specifically, Christopherson and Beischel (2018) have proposed an afterlife assessment guide that incorporates the recommended two-phase religion and spirituality (RS) assessment approach and provides introductory guidelines for competently assessing and addressing afterlife beliefs and spiritual experiences in the psychotherapy setting. The SRRT consists of sets of sample questions organized around four concepts (Significance, Relationships, Resources, and Treatment).

### **Conclusions**

Research has determined that sADCs and fADCs generally have positive effects on grief. In addition, aADCs during readings with mediums appear to trend in this direction though further research is required to draw stronger conclusions. The effects of the various rADCs on grief have not yet been established and this area is open for further controlled research. ADCs are different for everyone, not every method will work for every person, and clinicians are encouraged to view and discuss ADCs as the normal experiences they are.

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